

Name: _____ Date: _____

SENSORY INTEGRATION CHECKLIST

(Please mark the areas that you see consistently in your child.)

Clothing

- Appears sensitive to clothing
- Removes clothing
- Pushes up sleeves, pants legs

Eating/Self-Care

- Spits out foods with certain textures
- Complains with brushing teeth
- Complains with hair brushing
- Complains with bathing

Social

- Avoids being near other people
- Tendency to hit peers when brushed against

Self-Stimulation

- Rocks self
- Puts hands or object in mouth
- Rubs or pats self
- Wags head
- Rotates
- Flicks fingers near eyes
- Other _____

Self-Injury

- Scratches self
- Hits self
- Bites self
- Slaps self
- Bangs head against wall, floor, etc.
- Other _____

Muscle Tone

- Appears to be weak
- Unable to resist slight push (holds self rigid)
- Weak grip

Balance and Equilibrium

- Loses balance easily
- Trips often

Posture

- Poor sitting posture
- Wide-based gait pattern
- Side-to-side gait pattern

Bilateral Coordination

- Does not cross midline often
- Difficulty coordinating both sides of body

Motor Planning

- Is generally clumsy

Tactile Defensiveness

- Avoids getting hands messy
- Avoids pushing buttons, etc.
- Avoids exploring different textures
- Sensitive to being touched around the mouth

Vestibular

- Expresses fear with things which move
- Hypersensitive to rotation
- Lacks awareness of danger

Spatial Perception

- Bumps into walls, doorways
- Difficulty with stairs